

FILED JAN 22 1962

Registration District No. 280 Primary Registration District No. Registrar's No. 7

V.S. 300
Rev. 1-56

This includes
the proper completion of the entire certificate.
securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Bean Lake RR1</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Rushville</u>		c. CITY OR TOWN <u>Bean Lake RR1</u> Inside Limits <u>Rushville</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b <u>90</u> HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS <u>0820</u> (If outside, give location) Reside on Farm <u>RR 1 Rushville</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Nelle Perrin</u>		4. DATE OF DEATH Month Day Year <u>Jan 9 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Hotel</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apt House</u>	9. AGE (In years last birthday) <u>62</u>
11. BIRTHPLACE (City and state or country) <u>Wamego, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Harry Davis</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>D James A Ratchford Bean Lake, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at <u>APPROX. 6 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert M. Giffey Coroner</u> (Degree or title) 3		22b. ADDRESS <u>Platte City, Mo</u>	22c. DATE SIGNED <u>1-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Muncie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>
24. FUNERAL DIRECTOR <u>Sexton Funeral Chapel</u> <u>Leavenworth, Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 11, 1962</u>	26. REGISTRAR'S SIGNATURE <u>B. Phineas Rollins</u>

44-1-101 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em by me,
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Chas E Smith

Licensed Embalmer No. *134*

P. O. Address *Pearl*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.